

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Gold Run	Division: Valley	Chapter: 8
Inspected by: Officer G. W. Cassina # 13169		Date: 03-29-2010

Page 1 of 2

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 4 hours	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Valley Division Due Date: 04/15/2010		
Chapter Inspection: Command DUI Cost Recovery			
Inspector's Comments Regarding Innovative Practices:			

The Gold Run Area is able to maintain effective accountability as it pertains to DUI cost recovery by following department policy and clearly defined employee duty statements. The Area commander is directly involved with all activities/actions resulting in the filing of CHP 735 forms.

The Gold Run Area has an established suspense system to properly track DUI cost recovery activities and, to ensure they are accurately processed within the required time frames.

Command Suggestions for Statewide Improvement:

Ensure Area supervisors are checking DUI arrests and that CHP 735's are submitted in a timely manner when the criterion is met. Areas should have a suspense system established to cross reference the CHP 735's to the BAC results when they arrive.

Inspector's Findings:

None.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

None.

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Command: Gold Run	Division: Valley	Chapter: 8
Inspected by: Officer G. W. Cassina # 13169		Date: 03-29-2010

Required Action - None

Corrective Action Plan/Timeline - None

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 4/1/10
	INSPECTOR'S SIGNATURE 	DATE 4/1/10
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 06/24/10

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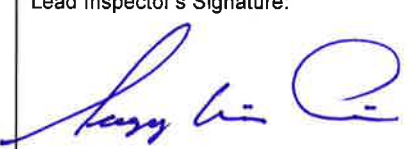
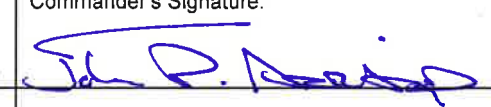
INSPECTION PROGRAM

CHAPTER 8

COMMAND DUI COST RECOVERY

Command: Gold Run	Division: Valley	Number: 221
Evaluated by: Lieutenant John Arrabit		Date: 03/29/2010
Assisted by: Officer Gregory W. Cassina		Date: 03/29/2010

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: 6/8/10
For applicable policies, refer to HPM 11.1, Chapter 20.			
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
2. What are these procedures? The Gold Run Area has developed a procedure to ensure that costs are recovered as a result of certain DUI arrests. Officers are required at the end of their shift to complete a 735 if the required criteria is met. Officers submit their CHP 415's with the necessary times highlighted. The A/I review officer and the OSS1 compile all paperwork. The Area commander reviews the Incident Response Reimbursement Statement provided by FMS on a quarterly basis. This statement is then compared to the CHP 735's that have been previously submitted. Once completed it is sent off to FMS within the timeframes outlined in HPM 11.1 Chapter 20.			
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:

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5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> • A Blood Alcohol Content (BAC) under .08% • A chemical test is positive for drugs only • There is no supporting BAC test of drug test (i.e., a refusal) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates? <ul style="list-style-type: none"> • The date of BAC results of \geq.08% were received • The date of BAC results of \geq.04% were received for a commercial driver 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following? <ul style="list-style-type: none"> • The person arrested refused to provide a chemical test • The arrest was for drugs only • A BAC of $<$.08% was obtained 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735? <ul style="list-style-type: none"> • Response Time • On-Scene Investigation • Follow-up Investigation • Report Writing • Vehicle Storage • Call Back • Field Sobriety Testing • Transportation • Booking • Chemical Testing • Traffic Control 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program? Officers have the CHP 735A accessible to them in the field.				
20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? <ul style="list-style-type: none"> • Defendant Information • Violation Information • Court Information • FMS Information • BAC test results 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
Question 25 pertains to Fiscal Management Section.				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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Command: Gold Run	Division: Valley	Chapter: 8
Inspected by: Officer G. W. Cassina # 13169		Date: 03-29-2010

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

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Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Valley Division Due Date: 04/15/2010		
Chapter Inspection: Command Reimbursable Services			
Inspector's Comments Regarding Innovative Practices:			

The Gold Run Area is able to maintain effective accountability as it pertains to Command Reimbursable Services. The Area administrative sergeant is directly involved in the completion/ adherence with the Cal Trans COZEEP Daily Activities Report and/or MAZEEP Daily Activities Report.

The Gold Run Area has an established suspense system to properly track reimbursable services activities and to ensure they are accurately processed within the required time frames.

Command Suggestions for Statewide Improvement:

Ensure Area supervisors are verifying the CHP 415s with the appropriate Cal Trans paperwork.

Inspector's Findings:

None.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

None.

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Required Action - None



Corrective Action Plan/Timeline - None

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 6/8/10
	INSPECTOR'S SIGNATURE 	DATE 6-8-2010
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 06/22/10

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Command: Gold Run	Division: Valley	Number: 221
Evaluated by: Sergeant D. Heavyside		Date: 03/29/2010
Assisted by: Officer Gregory W. Cassina ID# 13169		Date: 03/29/2010

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 		
Follow-up Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	
Date: 3/29/2010				
For applicable policies, refer to HPM 11.1, Chapter 6.				
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.				
1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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COMMAND REIMBURSABLE SERVICES

Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Is the original RSA signed and filed at Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEED, MAZEED, extraordinary protective services, and special projects) within 5 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
38. Are outstanding items being inspected and resolved?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Valley Division would provide personnel to perform this task.
40. Is a reimbursable special project code obtained on every contractual service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 th of the month (except COZEED/MAZEED)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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CHAPTER 8
COMMAND REIMBURSABLE SERVICES

47. Are all COZEEP/MAZEEP reports forwarded to Division by the 15 th of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEEP/MAZEEP reports approved by Division and forwarded to FMS by the 30 th of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: